



Building & Neighborhood Compliance
Herbert S. Saffir Permitting and Inspection Center
11805 SW 26th Street
Miami, Florida 33175-2474
786-315-2100

miamidade.gov

REQUESTED REVIEWS

- | | | | | | |
|--|--------------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> ALL | <input type="checkbox"/> BLDG | <input type="checkbox"/> DERM | <input type="checkbox"/> ELEC | <input type="checkbox"/> ENRG | <input type="checkbox"/> FIRE |
| <input type="checkbox"/> HCAP | <input type="checkbox"/> LANDSCAPING | <input type="checkbox"/> MECH | <input type="checkbox"/> PLUM | <input type="checkbox"/> PWKS | <input type="checkbox"/> PWCC |
| <input type="checkbox"/> ROOF | <input type="checkbox"/> SIGN | <input type="checkbox"/> STRU | <input type="checkbox"/> ZNPR | <input type="checkbox"/> WASD | |
| <input type="checkbox"/> PERMIT BY AFFIDAVIT CHECK <input type="checkbox"/> SHORT TERM EVENT AFFIDAVIT CHECK <input type="checkbox"/> OPTIONAL PLAN REVIEW | | | | | |
| <input type="checkbox"/> BLDG <input type="checkbox"/> ELEC <input type="checkbox"/> MECH <input type="checkbox"/> PLUM <input type="checkbox"/> STRU | | | | | |

Dear Applicant:

Please complete the following information for notification on the status of your plans.

Applicant's First Name: (PRINT CLEARLY) _____ Last Name: (PRINT CLEARLY) _____

Cellular Number: _____ Office/Home Number: _____

EMAIL Address: _____

Comments:

NOTE: IF AN EMAIL ADDRESS WAS PROVIDED YOU WILL BE NOTIFIED VIA EMAIL AND/OR AUTOMATIC TELEPHONE CALL CONCERNING THE STATUS OF YOUR PLANS

-FOR OFFICE USE ONLY-

TO BE COMPLETED BY BUILDING AND OCCUPANCY REPRESENTATIVE OR PLANS PROCESSING SPECIALIST:

Application Date: ____/____/____ Clerk Name: _____ Arrival Time: ____:____

Process No(s): _____ / _____ / _____

- | | | | |
|--------------------------------------|-------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Walk-Thru | <input type="checkbox"/> Drop-Off | <input type="checkbox"/> Rework | <input type="checkbox"/> Re-Issue |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial | <input type="checkbox"/> Plan Revision | <input type="checkbox"/> Shop Drawing |

TO BE COMPLETED BY BUILDING AND OCCUPANCY REPRESENTATIVE OR PLANS PROCESSING SPECIALIST:

BLDG <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> N	HCAP <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> N	ROOF <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> N
DERM <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> N	LAND <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> N	SIGN <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> N
ELEC <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> N	MECH <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> N	STRU <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> N
ENRG <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> N	PLUM <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> N	ZNPR <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> N
FIRE <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> N	WASD <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> N	HRS <input type="checkbox"/> A <input type="checkbox"/> D <input type="checkbox"/> N

Customer Notified By: _____ Date: ____/____/____ Time: ____:____